

EXHIBIT C

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

IN RE: UBER TECHNOLOGIS, INC.
PASSENGER SEXUAL ASSAULT
LITIGATION

MDL No. 3084 CRB

PLAINTIFF FACT SHEET

This Document Relates to:

ALL ACTIONS

PLAINTIFF FACT SHEET

CASE NUMBER: _____

PLAINTIFF NAME: _____

on behalf of (if applicable): _____

relationship (if applicable): _____

GENERAL INSTRUCTIONS

Pursuant to the Order Regarding Fact Sheet Implementation entered in the above-captioned litigation, a completed Plaintiff Fact Sheet (“PFS”) shall be provided for each individual asserting legal claims in the above captioned lawsuit. Each question must be answered in full. If you do not know or cannot recall the information needed to answer a question, please explain that in the response to the question and include the diligent efforts you have made to obtain the information. **Please do not leave any questions unanswered or blank.**

Additional Space for Completeness

In filling out any section or sub-section of this form, additional sheets of paper should be used and submitted as necessary to provide complete and accurate information.

Accuracy and Supplementation

The Plaintiff completing this Plaintiff Fact Sheet is under oath and must provide information that is true and correct to the best of her or his knowledge, information, and belief. Plaintiff is under an obligation to supplement these responses consistent with the Federal Rules of Civil Procedure. If the response to any question is that the Plaintiff completing this Plaintiff Fact Sheet does not know or does not recall the information requested, and has been unable to ascertain the information requested after a diligent effort, that response should be entered in the appropriate location(s), along with an explanation of the diligent efforts undertaken in an attempt to obtain the information requested. In addition, if the Plaintiff completing this Plaintiff Fact Sheet learns that any response is incomplete or incorrect at any time, or if the provided information changes, the person is obligated to supplement the pertinent response(s) to provide the corrected or additional information within 21 days of when she or he becomes aware of this information.

DEFINITIONS

The following definitions shall apply to this PFS:

“You” and “Your” refers to the Plaintiff, listed above, who is completing this fact sheet, as well as her/his/their agents, representatives, and all other natural persons or entities acting on her/his behalf; provided that if the Plaintiff has filed this lawsuit on behalf of another (*e.g.*, a decedent or a minor), then “You” and “Your” refers to the person on whose behalf this lawsuit was filed. In such a case, the Plaintiff should identify at the top of this page the person on whose behalf the case was filed and the Plaintiff’s relationship to that person (*e.g.*, guardian, administrator of estate, etc.).

“Driver” refers to the person who Plaintiff alleges, in the complaint filed in this action, committed sexual misconduct or assault against You.

“Incident” refers to all events that Plaintiff alleges, in the complaint filed in this action, constituted sexual misconduct or assault against You.

“Trip” refers to any ride that You, or another person on Your behalf or for Your benefit, requested through the rider version of the Uber Application around the time of the Incident.

“Health Care Provider” means any facility or person involved in the evaluation, diagnosis, care, or treatment of You, including without limitation any such hospital; clinic; medical center; physician’s office; infirmary; medical or diagnostic laboratory; pharmacy; counselor; x-ray department; physical therapy department; rehabilitation specialist; physician; psychiatrist; physical therapist; osteopath; homeopath; chiropractor; psychologist; occupational therapist; nurse; herbalist; emergency responder including EMT, paramedic, or firefighter; social worker; or other facility or person that provides medical, dietary, psychiatric, mental, emotional, or psychological evaluation, diagnosis, care, treatment, or advice.

I. CASE INFORMATION

1. Please state the following for the civil action that Plaintiff filed:

- a. Case number and: _____
- b. Pseudonym used in the Complaint: _____
- c. Name of principal attorney representing Plaintiff: _____

Commented [LSR1]: Overall, to discuss whether we want to number each question sequentially rather than begin numbering again at each section. May be helpful for identification and record purposes down the line.

II. YOUR PERSONAL INFORMATION

- 1. Name (Last, First, Middle): _____
- 2. Maiden name (if applicable) or other names used and dates You used those names: _____
- 3. Current address: _____
- 4. City and state of residence at time of Incident: _____
- 5. Date of birth: _____

Commented [LSR2]: We have moved the questions about employers and education to damages. To discuss.

III. INFORMATION AS TO THE INCIDENT

- 1. Date of the Incident: _____
- 2. State the name, phone number, and email address associated with the Uber account through which the ride at issue was arranged, if known:
 - a. Name (last, first, middle): _____
 - b. Phone Number: _____
 - c. Email Address: _____
- 3. Did You intend the Trip to be a shared ride (e.g., UberPool) in which You (or the account holder requesting the Trip) requested and/or expected that there would be other passengers in addition to You? Yes: ☐ No: ☐

Commented [LSR3]: We moved the question about name of the driver to the next section.

If Plaintiff has already produced a bona fide ride receipt, Plaintiff does not need to answer questions 4-__ in Section III.

- 4. State the location (including, city, state, zip, and nearest street address or, if unknown, the closest intersection) where the Trip originated: _____
- 5. State the location (including, city, state, zip, and nearest street address or, if unknown, the closest intersection) of the requested destination for the

Commented [LSR4]: We would like to discuss this question.

- ☐ Verbal Threat of Sexual Assault²
- ☐ Masturbation and/or Indecent Exposure³
- ☐ Touching of a Non-Sexual Body Part⁴
 - ☐ Over the Clothes⁵
 - ☐ Under the Clothes⁶
- ☐ Attempted Touching of a Non-Sexual Body Part
 - ☐ Over the Clothes⁵
 - ☐ Under the Clothes⁶
- ☐ Touching of a Sexual Body Part Not Involving Penetration⁷
 - ☐ Over the Clothes
 - ☐ Under the Clothes
- ☐ Attempted Touching of a Sexual Body Part Not Involving Penetration⁷
 - ☐ Over the Clothes
 - ☐ Under the Clothes
- ☐ Kissing of a Non-Sexual Body Part⁸
- ☐ Attempted Kissing of a Non-Sexual Body Part
- ☐ Kissing of a Sexual Body Part⁹
- ☐ Attempted Kissing of a Sexual Body Part
- ☐ Sexual Penetration Including Oral Copulation¹⁰
- ☐ Attempted Sexual Penetration Including Oral Copulation
- ☐ Kidnapping¹¹
- ☐ Other. *If other, please describe:* _____

Commented [LSR8]: We included "attempted" for several categories to track allegations

V. WITNESSES

1. Was there another passenger in the vehicle with You at the time of the assault?Yes: ☐ No: ☐

- a. *If your answer to the prior question is Yes, please identify the other passenger(s) by name, full address and phone number (if known):* _____
- _____
- _____

2. To Your knowledge did anyone witness the Incident?Yes: ☐ No: ☐

If yes, state the name, address and telephone number, if known, of all witnesses to the Incident _____

Commented [LSR9]: To discuss

3. Did you or someone on Your behalf notify any of the following entities of the Incident (Please check all that apply):Uber: ☐ Law Enforcement: ☐Healthcare Professional (non-therapist/counselor/psychiatrist/psychologist): ☐Therapist/Counselor/Psychiatrist/Psychologist: ☐**4. If you or someone on Your behalf notified Uber, please answer the following questions:**

- a. When did You or someone on Your behalf notify Uber of the Incident? _____

- b. How did You or someone on Your behalf notify Uber?

Phone Call: ☐ Email: ☐ In-App Notification: ☐ Other: ☐*If other, please describe:* _____

- c. *If Yes and someone notified Uber on Your behalf, state that person's name, address, and phone number (if known):* _____
- _____
- _____

5. If you or someone on Your behalf notified Law Enforcement, please answer the following questions:

- a. When did You or someone on Your behalf notify Uber of the Incident? _____

- b. If someone else notified law enforcement, state that person's name, address, and phone number (if known): _____

- c. What is the name of the law enforcement agency that was notified? _____
- d. Were criminal charges filed, to your knowledge? Yes: ☐ No: ☐

6. If you or someone on Your behalf notified a Healthcare Professional, please answer the following questions:

- a. After the Incident, did you undergo a medical exam to determine any physical injuries or the presence of any evidence (e.g., a Sexual Assault Response Team "SART" exam, a Sexual Assault Forensic Exam ("SAFE"), or a Sexual Assault Nurse Exam ("SANE"))? Yes: ☐ No: ☐

If Your answer to the prior question is Yes, please answer the following questions:

- b. What is the name of the Health Care Provider that performed the exam, if known? Please provide both the name of the facility where the exam was performed and the name of the person(s) who performed the exam, if known _____

- c. In what city/state was the exam performed? _____
- d. When was the exam performed? _____

7. Have you spoken with anyone other than Uber, law enforcement, or health care professionals about the Incident (excluding your attorneys)?

Spouse: ☐ Romantic Partner (unmarried): ☐ Family Member: ☐ Friend: ☐
Other: ☐ Please Describe: _____

8. Have you posted information regarding the Incident on a website or social media (e.g., a social media site, a blog, a personal website, etc.), including anonymously? Yes: _____
No: _____

- a. If yes, list all such websites or social media: _____

Commented [LSR10]: To discuss these questions and fact witness info (i.e. names and address of family members/friends/support group members...etc.)

VI. INJURIES

1. Did you suffer mental and emotional harm caused by the incident?

Yes: ☐ No: ☐

If Yes, Please Describe: _____

2. Did you suffer physical harm caused by the incident?

Yes: ☐ No: ☐

If Yes, Please Describe: _____

3. Have you been diagnosed with any physical, mental, emotional or other medical conditions by a Healthcare Professional that were caused by the Incident?

Yes: ☐ No: ☐

a. If Yes, Identify the following for each condition:

Condition Number 1

Healthcare Provider Name: _____

Healthcare Provider Facility (if applicable): _____

Approximate Date of Diagnosis: _____

Condition Number 2

Healthcare Provider Name: _____

Healthcare Provider Facility (if applicable): _____

Approximate Date of Diagnosis: _____

VII. DAMAGES

1. Health Care Providers

- a. Were you treated by emergency responders, including police officers, EMT, fire fighters, or paramedics, as a result of the Incident? Yes: ☐ No: ☐
- b. Have You ever been treated by any Health Care Provider, including counselors or therapists, other than emergency responders for any injury that You allege was caused by the Incident? Yes: ☐ No: ☐

*If You answered Yes to **a or b** of this section, state the name, address, and telephone number for each Health Care Provider who has treated You for injuries that You allege were caused by the Incident, including emergency care if applicable.. As discovery is ongoing, you must supplement this form if and when you are treated by additional providers.*

Name, Address. Telephone Number of Health Care Provider	Treatment

2. Lost Earnings

- a. Do You claim or expect to claim You lost earnings or suffered impairment of earning capacity as a result of any physical, mental, or emotional injury You allege?

Yes: ☐ No: ☐

- b. If yes, please describe: _____

If your answer to question 2a was Yes, please answer the following questions c and d. As discovery is ongoing, if you develop or discover a lost earnings claim you must immediately supplement this form.

- c. Check the box for the highest level of education You attained

- ☐ Some High School
☐ High School Graduate/GED
☐ Some College
☐ Bachelor's Degree
☐ Associate degree
☐ Master/Doctorate/Postgraduate Degree
☐ Other: _____

- d. From two years prior to the Incident through the present, please identify the employers for whom you worked, your occupation or duties, and wages; as well as

the city, state, and dates of employment for each employer (use additional pages as necessary)

Employer No. 1

- i. Name of Employer: _____
- ii. Location of Employer (city, state): _____
- iii. Dates of Employment: _____
- iv. Job Title: _____
- v. Wages: _____

Employer No. 2

- i. Name of Employer: _____
- ii. Location of Employer (city, state): _____
- iii. Dates of Employment: _____
- iv. Job Title: _____
- v. Wages: _____

3. Out of Pocket Costs

- a. Please list any out-of-pocket costs You have incurred relating to the diagnoses and/or treatment of any physical, mental or emotional injuries you sustained as a result of the Incident.

As discovery is ongoing, please update as expenses accrue.

Category and/or Types of Expenses Incurred (e.g., co-pay, deductibles, prescriptions, etc.)	Approximate Amount of Out-of-Pocket Costs

VERIFICATION

I, _____, hereby state that I have reviewed the Plaintiff Fact Sheet. The statements set forth therein are true and correct to the best of my knowledge, information, and belief. I make this verification based on my personal knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed on the ____ day of _____, 2023.

**LIMITED AUTHORIZATION TO RELEASE DISCLOSE OF HEALTH CARE
INFORMATION**

Please complete all sections of this release form.

I, _____, hereby authorize my Health Care Provider,¹
_____, to disclose and release to counsel for Uber
Technologies, Inc. ("Uber"), the protected medical and/or Insurance information listed below for
the purpose of review and evaluation in connection with a legal claim.

Date of birth of patient: _____ Social

Security Number of patient: _____

I. Health Information to be Disclosed

Disclose protected medical and/or Insurance information from five years before the date of
incident to the present.

For the purposes of this authorization "medical records" shall be given the broadest definition
allowed under applicable federal and state law, including but not limited to:

- Records of inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, phone notes, test results, statements, questionnaires/histories, office and doctor's handwritten notes, and letters or records received by other physicians.
- All laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram, and catheterization reports, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.
- All pharmacy/prescription records including NOC numbers and drug information handouts/monographs.
- All billing records including all statements, itemized bills, and insurance records.
- All records of any samples of prescription medicines provided.

¹ "Health Care Provider" means any facility or person involved in the evaluation, diagnosis, care, or treatment of You, including without limitation any such hospital; clinic; medical center; physician's office; infirmary; medical or diagnostic laboratory; pharmacy; counselor; x-ray department; physical therapy department; rehabilitation specialist; physician; psychiatrist; physical therapist; osteopath; homeopath; chiropractor; psychologist; occupational therapist; nurse; herbalist; emergency responder including EMT, paramedic, or firefighter; social worker; or other facility or person that provides medical, dietary, psychiatric, mental, emotional, or psychological evaluation, diagnosis, care, treatment, or advice.

Commented [LSR11]: To discuss adding separate authorization for mental health records for plaintiffs claiming psychological/mental health injuries, and separate authorizations for employment records for those making lost wage claims.

Commented [LSR12]: To discuss

- All ~~employment or~~ insurance records.
- ~~All workers' compensation claims or records, including any report of injury, all treatment records, and evidence of any benefits received/paid.~~
- ~~Said medical records shall include all information regarding HIV/ AIDS and/or substance abuse.~~
- ~~"Psychotherapy notes" as such term is defined by 45 CFR § 164.501.~~

Notwithstanding the broad scope of the above disclosure requests, the undersigned does not authorize the disclosure of notes or records pertaining to psychiatric, psychological, or mental health treatment or diagnosis as such terms are defined by HIPPA, 45 CFR§164.501.

I authorize disclosure of the above-specified information to Paul, Weiss, Rifkind, Wharton & Garrison LLP and to its attorneys, employees, agents, who have agreed to pay reasonable charges incurred by the Provider to supply copies of such records.

1. To my medical provider: **this authorization is being forwarded by, or on behalf of, attorneys for the defendants. You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing my medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on my medical or physical condition at a deposition or trial.**

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). ~~I may also include information about behavioral mental health services and treatment and drug use.~~

Commented [LSR13]: To discuss.

2. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Provider at the Provider's above address. I understand the revocation will not apply to information that has already been released in response to this authorization. Cancellation, revocation, or modification will only be valid once the Provider receives written notification of such cancellation, revocation, or modification. A copy of said notification shall also be sent to the Recipient identified above. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
3. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I

may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Provider indicated above.

4. A notarized signature is not required. CFR 164.508. A copy of this authorization may be used in place of an original.

II. Form of Disclosure

☐ An electronic record
☐ Hard copy

III. Duration of Authorization

This authorization shall be effective for two years from the date below, or until the conclusion of my case in *In re Uber Rideshare Cases*, No. CJC-21-005188, whichever is later.

IV. Signature

Signature: _____ Date: _____

Print your name: _____

If this form is being completed by a person with legal authority to act on an individual's behalf, such a legal guardian or health care agent, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe how this person has legal authority to sign this form:

RELEASE OF LAW ENFORCEMENT RECORDS

Please complete all sections of this release form.

I, _____, hereby grant permission for a law enforcement agency to disclose and release information described below to counsel for Uber Technologies, Inc.

I. Information to be Disclosed

Records from a law enforcement agency related to the report I or someone on my behalf made regarding all the events that I allege constituted sexual misconduct or assault against me.

II. Form of Disclosure

____ An electronic record or access through an online portal ____
Hard copy

III. Duration of Authorization

This authorization shall be effective until the conclusion of my case in *In re Uber Rideshare Cases*, No. CJC-21-00518.

Signature: _____ Date: _____

Print your name: _____

If this form is being completed by a person with legal authority to act on an individual's behalf, such a legal guardian or health care agent, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe how this person has legal authority to sign this form:

1 This category is defined to include, but is not limited to, the following: asking specific, probing, and personal
questions of the user; making uncomfortable comments on the user's appearance; making sexually suggestive
2 gestures at the user; and asking for a kiss, displays of nudity, sex, or contact with a sexual body part.

3 This category is defined to include directing verbal explicit/direct threats of sexual violence at a user.

4 This category is defined to include exposing genitalia and/or engaging in sexual acts in presence of a user.

5 This category is defined to include, without explicit consent from the user, touching or forcing a touch on any non-
sexual body part (e.g., hand, leg, thigh) of the user.

6 This category is defined to include any touch over any piece of clothing on the user (e.g., pants, shirt, bra,
underwear) as well as any touch on an area that in no way has clothing covering it (e.g., parts of the thigh when
wearing shorts). 6

7 This category is defined to include any touch under clothing which causes contact with the user's skin. It does not
include a touch on an area that does not have clothing covering it in the first instance (e.g., parts of the thigh when
wearing shorts). 7

8 This category is defined to include, without explicit consent from the user, touching or forcing a touch on any sexual
body part (i.e., breast, genitalia, mouth, buttocks) of the user. It does not include penetration.

9 This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite
on any non-sexual body part (e.g., hand, leg, thigh) of the user.

10 This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite
on either the breast or buttocks of the user. This also includes kissing on the lips and kissing while using tongue.

11 This category is defined to include, without explicit consent from a user, penetration, no matter how slight, of the
vagina or anus of a user with any body part or object. This includes penetration of the user's mouth with a sexual
organ or sexual body part. This excludes kissing with tongue.

This category is defined to include abduction, child abduction, false imprisonment, human trafficking, unlawful
restraint, and unlawful/forcible detention.